

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3872HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>V I P HOME HEALTH INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3100 W CHARLESTON BLVD SUITE 208 LAS VEGAS, NV 89102</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	<p><b>INITIAL COMMENTS</b></p> <p>This statement was generated as a result of the state re-licensure survey and complaint investigation conducted at your agency on April 17, 2009.</p> <p>This state licensure survey was conducted at your agency by authority of Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended August 4, 2004.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>CPT #15532 was unsubstantiated.</p> <p>The following deficiency was identified:</p>	H 00		
H152 SS=F	<p><b>449.782 Personnel Policies</b></p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: Based on record review and interview, it was determined the agency failed to comply with NRS 449.179 for 1 of 3 employees (#1).</p>	H152		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H152	<p>Continued From page 1</p> <p>Findings include:</p> <p>On 4/17/09 in the afternoon, review of personnel file revealed, Employee #1 did not have results of the fingerprint background check as required by NRS 449.179 (3).</p> <p>Record review further revealed, Employee #1's fingerprints were completed in October 2007.</p> <p>On 4/17/09 in the afternoon, interview with Employee #1 revealed, "I did not get a letter; I should have followed it up."</p> <p>Severity: 2    Scope: 3</p>	H152		

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